



2018 Flexible Spending Account (FSA) Plan Year Frequently Asked Questions

A Flexible Spending Account (FSA) is an employer-sponsored plan that allows eligible employees to deduct dollars from a paycheck before they are taxed and put them into a special account. The State of Delaware has contracted with **ASIFlex** to perform certain administrative functions for the Plan. ASIFlex processes all claims for the Health Care Flexible Spending Account and the Dependent Care Flexible Spending Account. Additional information regarding **Flexible Spending Accounts** is available under the “Benefit Programs” button at de.gov/statewidebenefits.

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2018 Flexible Spending Account (FSA) Enrollment

1. *Who is eligible to participate in the Flexible Spending Account (FSA) Plans?*

Flexible Spending is offered to active, benefit eligible full-time and part-time State of Delaware employees after completing an initial waiting period of **90 days**. Employees who are eligible, but not enrolled in one of the State of Delaware Group Health Insurance Plans, may still participate in FSA.

2. *When can I enroll in the Flexible Spending Account (FSA) Plans?*

Newly benefit-eligible employees may enroll effective the first day of the month after completing an **initial waiting period of 90 days** to participate for the remainder of that plan year. These employees should contact their Benefits/ Human Resources Representative for information regarding enrollment.

Eligible employees may also enroll online during open enrollment each year for the upcoming Plan Year. Online Enrollment is **REQUIRED** each year if you wish to continue your FSA participation. FSA elections **DO NOT** rollover to the next plan year automatically.

It is important to note that FSA Open Enrollment elections are **BINDING**. Employees may enroll or make changes during the plan year **ONLY** if a qualifying event (marriage, divorce, birth, change in employment, etc.) occurs and the desired election change must correspond with that gain or loss of coverage. Otherwise, your election is effective through the end of the plan year.

3. *Where do I go to learn more about the Flexible Spending Account (FSA) Plans?*

View additional information regarding Flexible Spending Accounts, including an informational mini-video, benefit descriptions and other helpful resources, under the “Benefit Programs” button at de.gov/statewidebenefits.

2018 FSA Open Enrollment

4. *When is the 2018 Flexible Spending Account (FSA) Open Enrollment?*

Open Enrollment is **November 1 through November 17, 2017**. Coverage is effective January 1, 2018 through December 31, 2018 and the accompanying Grace Period January 1, 2018 through March 15, 2018.

5. *What do I need to do if I want to enroll during Open Enrollment?*

The ASIFlex Online Enrollment Site will be available **24/7** during FSA Open Enrollment at de.gov/statewidebenefits. An individual password is not required when enrolling online through the ASIFlex Online Enrollment Site. All employees will use the Employer-Provided Code Word: **DE** to access the enrollment portal. Online Enrollment is **REQUIRED** each year if you wish to continue your FSA participation. FSA elections **DO NOT** rollover to the next plan year automatically.

6. *What do I need to do if I DO NOT want to make any changes to my current elections?*

Online Enrollment is **REQUIRED** each year if you wish to continue your FSA participation. FSA elections **DO NOT** rollover to the next plan year automatically. If you do wish to participate please review the 2018 FSA Online Enrollment instructions located under the “Benefit Programs” button at de.gov/statewidebenefits.

7. *What is the maximum elections allowed for Health Care FSA?*

The Annual Maximum for Health Care FSA is \$2,600. If you have a spouse who has access to a Health Care FSA through his/her employer, you may each set aside up to the \$2,600 maximum through your respective employers, for a total of \$5,200 per household.

8. *What are qualified expenses under Health Care FSA?*

Qualified expenses include medical, dental, vision, and prescriptions for **you & your tax dependents** that are not covered or not reimbursed by insurance. Federal regulations do not allow any insurance premiums or long-term care expenses to be included under the Health Care FSA. Please review the eligible expense listing at www.asiflex.com/EligibleExpenses, or contact ASIFlex at (800) 659-3035 if you have any questions regarding particular expenses.

9. *What is the maximum elections allowed for Dependent Care FSA?*

The Annual (household) Maximum for Dependent Care FSA is \$5,000.

10. *What are qualified expenses under Dependent Care FSA?*

Qualified expenses for Dependent Care are those incurred primarily for the protection and well-being of a child (**under the age of 13**) or elder dependent while you work. **DO NOT** include **medical, dental, vision or prescription** expenses for your dependents in the Dependent Care election, **these expenses should be included in your election for the Health Care FSA**. Please contact ASIFlex at (800) 659-3035 if you have any questions regarding particular expenses.

11. *What is the ASIFlex Debit Card?*

The ASIFlex Debit Card provides a convenient method to pay for out-of-pocket health care expenses for you, your spouse and/or any tax dependents. The IRS has stringent regulations regarding appropriate use of the ASIFlex Card, such as **where the card can be used, and when follow-up documentation is required. Use of the ASIFlex Debit Card is not paperless and DOES NOT eliminate paperwork**. For more information regarding follow-up documentation visit ASIFlex’s Debit Card Documentation Requirements at www.asiflex.com/DebitCards.

12. What is the cost for the ASIFlex Debit Card?

There is a \$6 annual fee that will be deducted from your available balance in January 2018. There are no refunds for the ASIFlex Card if you terminate employment or use up your balance early in the plan year.

13. Will I receive a Confirmation Statement?

The final screen of the online enrollment process will display your confirmation number and election(s). It is highly recommended to print or save this screen for your records. A copy of the confirmation will be **REQUIRED** for any enrollment corrections.

14. What do I do if my elections as of January 1, 2018 are not correct?

For errors identified after Open Enrollment has closed, employees must contact the Statewide Benefits Office immediately. A copy of the online confirmation will be **REQUIRED** for any enrollment corrections. **If an error has been made, you MUST contact Statewide Benefits Office to correct the error by November 30, 2017. No corrections will be made after November 30, 2017.**

15. What will happen if I do not take action to enroll in Flexible Spending by November 17, 2017?

You **MUST** take action during the Open Enrollment process if you wish to enroll in Flexible Spending for Plan Year 2018. If not, any enrollments must wait until next year's Open Enrollment, unless you experience an approved qualifying event to make a mid-year change.

16. If I am currently on a Leave of Absence for any reason, do I need to complete the FSA online enrollment process?

You are **REQUIRED** to complete the Online Enrollment if you wish to enroll in Flexible Spending for the 2018 Plan Year. Elections will **NOT BE ACCEPTED** after the close of Open Enrollment, unless you experience an approved qualifying event to make a mid-year change.

If you will not return from a Leave of Absence prior to January 1, 2018, you will also be required to complete a **LEAVE OF ABSENCE FORM (FSA)**. Failure to complete a Leave Of Absence Form could result in benefits being revoked. Additional information regarding Leave of Absence for Health Care FSA can be located under the "Benefit Programs" button at de.gov/statewidebenefits.

AFTER I ENROLL

17. When will the new coverage take effect?

The new coverage will take effect on **January 1, 2018** and will be in effect for the plan year ending **December 31, 2018** and the accompanying **Grace Period January 1, 2018 through March 15, 2018**. Coverage will end on your last day of work should you terminate employment or retire from the State of Delaware before the end of the Plan Year.

18. When will the deductions begin?

The first deduction for new coverage beginning January 1, 2018 will be taken on the **January 6, 2018** paycheck.

ADDITIONAL CONSIDERATIONS

19. What if funds are not used during the Plan Year?

Flexible Spending Accounts are a "Use it or Lose-it" plan. When enrolling, employees will need to estimate the amount of eligible expenses expected to incur during **January 1, 2018 through December 31, 2018**.

ASIFlex has provided Health Care Expense Planning Worksheet to help you determine the dollar amount you will spend for medical, dental, vision and prescriptions during the upcoming plan year and are available online at de.gov/statewidebenefits.

Federal rules state that employees may only be reimbursed for expenses incurred during the plan year and the accompanying FSA grace period. Plan rules also state that unused funds will be forfeited to the State.

20. Does the Statewide Benefits Office offer a Grace Period?

Yes. The Grace Period will run **January 1, 2018 through March 15, 2018**. Employees that are an active participant as of December 31, 2018, may continue to incur expenses through **March 15, 2018**. Claims for expenses incurred during the Grace Period are paid from the oldest year's funds first unless otherwise requested.

21. When is the deadline to submit claims incurred during the Plan Year and accompanying Grace Period?

Claims must be filed by **April 15, 2018** following the end of the Plan Year. After that, accounts will be closed and any balance remaining will be forfeited to the State of Delaware in accordance with federal regulations.

22. What happens to my Flexible Spending Account if I go on a Leave of Absence?

Health Care FSA Participants must make arrangements **PRIOR** to going on unpaid leave with their Human Resources Office to pay for coverage after returning from unpaid leave in order to maintain coverage. If you have been on unpaid leave for longer than 30 consecutive days and did not elect to catch up contributions when you return, the election and corresponding coverage will be revoked (effective on the last day worked). Once your coverage is revoked, your ASIFlex Card will be immediately suspended.

Dependent Care expenses are not eligible for reimbursement during a period of leave. Because of this, you may choose to have your deductions stopped prior to going on a paid leave. When you return to work, you will have **31 days** to reinstate your coverage with the same or a new annual election.

23. When will my coverage in Flexible Spending Account end?

Participation in Flexible Spending will end at the end of the expiration of the Plan Year, or participation will end on your last day of work should you terminate employment or retire from the State of Delaware, unless arrangements are made to continue coverage under COBRA.

Pensioners are not eligible to participate in Flexible Spending Accounts, unless arrangements are made to continue coverage under COBRA.

MAKING CHANGES AFTER OPEN ENROLLMENT

FSA Open Enrollment elections are binding. Changes to your FSA elections after Open Enrollment require a Qualifying Event and the desired election change must correspond with that gain or loss of coverage. You must request the change **within 31 days** of the qualifying event, and provide an **ELECTION CHANGE FORM (FSA)** to the Statewide Benefits Office. The form can be located under the "Benefit Programs" button at de.gov/statewidebenefits.

Additional Information regarding **Flexible Spending Account** qualifying events is available in the State of Delaware's **2018 FSA Plan Booklet** located under the "Benefit Programs" button at de.gov/statewidebenefits.